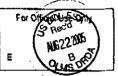
PHONE NO. : 8636196357

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORN LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1216-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Feature to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12.860	2. Fiscal Year Covered From:			
	1 / 1 / 2004; Through: 12 / 31 / 2004			
Name and address of person filing.	Name, file number, and address of tabor organization.			
Name JEFF WILLIAMS	Name ASBESTOS WORKERS LOCAL UNION 67			
	Labor Organization File Number 022-175			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7930 U.S. 301 NORTH	Street 7930 U.S. 301 NORTH			
City TAMPA	City TAMPA			
State Florida ZIP Code + 4 33637-6765	State Plorida ZIP Code + 4 33637-6765			
5. Position in labor organization. BUSINESS MANAGER				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic banefit of on represents or is actively seeking to represent. 7.a. Nature of Interest. Transaction, or Income.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street {				
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and beset, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jalulia	On Date 8:3-985-3067 Date Telephone Number			

Form LM-30 (2003)

PHONE NO. : 8636196357 FROM : CRYSTALMAG-HUMPHREYS, CPA

Name of Person Filing JEFF WILLIAMS		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiz. b. Trust c. Employer	alicu)	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b Approximate dollar va 12.a. Nature of Interest he		
	12.b. Amount.		
	12.U. Alliyont		
C. Roceived from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	The state of the s	
(including trade name, if any). Name ASBESTOS WORKERS LOCAL UNION 67	Reimbursement for out of pocket expenses incumhile performing administrative activities. Date of payment: 9/15/2004		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 7930 U.S. 301 NORTH			
City TAMPA			
State Florida ZIP Coxia + 4 33637-6765			
13.b. is the Business an Employer [X] or Consultant [] ?	14.b. Amount of payment	\$394	

Name of Person Filing JEFF WILLIAMS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuations and of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	Wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	a. Labor Organization b. Trust c. Employer
Street City ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.
Trade Name. If any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or Income received.
	12.b. Amount
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ASBESTOS WORKERS LOCAL UNION 67	Reimbursement for out of pocket experience. Reimbursement for out of pocket experience. while performing administrative ac Date of payment: 9/15/2004
P.O. Box, Bldg., Room No., if any	
Street 7930 U.S. 301 NORTH	
City TAMPA State Florida ZIP Code + 4 33637-6765	
13.b. Is the Bueiness an Employer Our Consultant ?	14.5 Amount of paymy ant. \$41
Form LM-30 (2003)	Page 2 of

PHONE NO. : 8636196357

Name of Person Filing JEPF WILLIAMS	File Number U-		
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	;=1m3		
Trade Name, If any:	a. Labor Organization b. Trust		
P.O. Bax, Bidg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
Construction and program and the construction of the construction			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	Reimbursement for out of pocket expenses incurred while performing administrative activites. Date of payment: 10/6/2004		
Name ASBESTOS WORKERS LOCAL UNION 67	Date of payment: Aviorator		
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any			
Street 7930 U.S. 301 NORTH			
City TAMPA			
State Florida ZIP Code + 4 (33637-6765)			
13.b. Is the Business an Employer [X] or Consultant [] 7	14 b. Amount of payment. \$88		

FROM : CRYSTALMAG-HUMPHREYS, CPA

Name of Person Filing JEFF WILLIAMS		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any; P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of interest he		
C Desplayed from any any larger others than an appropriate and	12.b. Amount		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Reimbursement for out of pocket expenses incu- while performing administrative activities.		
Name ASBESTOS WORKERS LOCAL UNION 67	Date of payment:		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 7930 U.S. 301 NORTH		\$	
Chy TAMPA			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	\$49	

FROM : CRYSTALMAG-HUMPHREYS, CPA

5,CPA PHONE NO. : 8636196357 Aug. 12 2005 08:09AM P25

Name of Person Filing JEFF WILLIAMS		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, If any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organize b. Trust c. Employer 11.a. Nature of such deal	ue of such dealing.	
State ZIP Code + 4	12.a. Nature of interest he	id or income received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) of other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment.		
Name ASBESTOS WORKERS LOCAL UNION 67	Reimbursement for out of pocket expenses incur while performing administrative activities. Date of payment: 12/1.7/2004		
Trade Name. if any: }			
P.O. Box, Bldg., Room No., if any	1		
Street 7930 U.S. 301 NORTH			
Cay TAMPA		i i i	
State Florida 21P Code + 4 33637-6765		The state of the s	
13.b. Is the Business an Employer Or Consultant ?	14.b. Amount of payment.	\$214	

Name of Person Filing JEFF WILLIAMS		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, If any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10, if 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dea	lue of such dealing.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name ASBESTOS WORKERS LOCAL UNION 67 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 7930 U.S. 301 NORTH City TAMPA State Florida ZIP Code + 4 33637-6765	Reimbursement fo while performing Date of payment:	r out of pocket e administrative a 12/22/2004	xpenses incurred ctivites.
13.b. Is the Business an Employer \(\sum_{i}^{1} \) or Consultant \(\sum_{i}^{2} \) ?	14.b. Amount of payment.		\$80

PHONE NO. : 8636196357

Name of Person Filing JEFF WILLIAMS		File Number U-		
B. Meld an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or Indirectly with your labor organization or with a trust in which your labor organization. 8. Name and address of Business (including trade name, if any).	se dealing with the busines by seeking to represent, or ectly to, or otherwise	S		
Name	,			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street	tene st			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	aling.	······································	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street			· · · · · · · · · · · · · · · · · · ·	
City	11.b. Approximate dollar vi 12.a. Nature of Interest h)	
State ZIP Code + 4	12.a. Hotore of unorder in	City of Stock water deed with the state of t		
	12.b. Amount.	None delicable of the second and delected as seems at the small of the second of the s		
	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	or out of nocket e	xpenses incurred	
Name CARDAY ASSOCIATES, INC.	Reimbursement for out of pocket expenses incurr while performing administrative activites. Date of payment: 12/22/2004			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street 4600 POWER MILL ROAD, SUITE 100				
City BELTSVILLE	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			
State Maryland ZIP Code + 4 20705				
13.b. Is the Business an Employer Or Consultant	14.b. Amount of paymen	t.	\$212	